



Routine and Emergency Vaccine Handling Plans TEMPLATE

Practice Name: _____

Date: _____

Person Completing Form: _____

These are guidelines to follow in developing routine and emergency vaccine handling plans. They should be posted near your storage unit or where they can be easily accessed in case of an emergency. **All office staff, including the janitor and security guard, should know the standard procedure to follow and where/how the individual vaccines are to be stored.**

Routine Vaccine Handling/Storage Plan

- ☐ Designate two people responsible for routine vaccine storage and security (keep current as staff changes):

Primary Person: _____ Title: _____

Secondary Person _____ Title: _____

- ☐ Maintain proper temperature for storage of vaccine:

Unit	Fahrenheit (F)	Celsius (C)
Refrigerator	35° - 46° F	2° - 8° C
Freezer	5° F or colder	-15° C or colder

- ☐ Monitor temperatures and record twice a day: morning and evening. (See *Temperature Log*)
- ☐ Maintain ongoing file of temperature logs.
- ☐ Immediately unpack received vaccines and store at proper temperature.
- ☐ Label VFC vaccines and store separately from private stock.
- ☐ Conduct monthly inventory counts.
- ☐ Store and rotate vaccines according to expiration dates and use vaccines with the shortest expiration dates first.
- ☐ If vaccines are within 90 days of expiration and will not be used, contact the Utah VFC Program.
- ☐ Check the unit doors to ensure they are closed and, if possible, locked.
- ☐ Place "DO NOT UNPLUG" stickers next to outlet and circuit breakers.
- ☐ Use safety outlet covers where possible.
- ☐ Advise maintenance and cleaning personnel not to unplug refrigerator/freezer units.

Emergency Vaccine Handling/Storage Plan

- ☐ Designate two people responsible for emergency vaccine storage and security (keep current as staff changes):

Primary Person: _____ Title: _____

Secondary Person _____ Title: _____

- ☐ How will designated personnel be contacted in vaccine storage emergency?
(ie: phone, alarm, etc)
- ☐ These people have 24-hour access to storage units storing vaccines.

NAME	TITLE	CONTACT INFORMATION

- ☐ Steps to follow for proper handling and storage of vaccines to protect them from becoming spoiled.

1. _____
2. _____
3. _____
4. _____

- ☐ Designate alternative storage units and facilities (back-up refrigerator, fire dept., hospital, another provider).

ALTERNATE LOCATION	CONTACT PERSON	ADDRESS & TELEPHONE #

- ☐ Procedures that the designated personnel should follow to access alternative units and facilities.

1. _____
2. _____
3. _____
4. _____

- ☐ Designate a refrigerator/freezer repair company to contact for equipment problems.

Company Name: _____

Phone Number: _____

- ☐ Record the following information on each refrigerator/freezer unit.

Brand: _____

Model #: _____

Serial #: _____

NOTE: Utah VFC Program staff will ask for a copy of the clinic's vaccine storage & handling plans during on-site visits.